

45862
REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L A

PAGE: 548
RUN DATE: 85/09/23
RUN TIME: 09:49:26

M.2 - SITE MAINTENANCE FORM

* ACTION: _ *

EPA ID: GAD098583909

SITE NAME: HERCULES OXFORD PLANT SOURCE: H * _ _ _ _ _ *

STREET: ALCOVY RD CONG DIST: 10 * _ _ _ _ _ *

CITY: COVINGTON ZIP: 30209 * _ _ _ _ _ *

CNTY NAME: NEWTON CNTY CODE: 217 * _ _ _ _ _ *

LATITUDE: 33/37/00.0 LONGITUDE: 083/51/30.0 * _/_/_._ _/_/_._ *

SMSA: 0520 HYDRO UNIT: 03070103 * _ _ _ _ _ *

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N * _ _ _ _ _ *

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE: * _ _/_/_ _/_/_ *

APPROACH: SITE CLASS: * _ _ _ _ _ *

SITE/SPILL IDS: * _ _ _ _ _ *

RPM NAME: RPM PHONE: - - * _ _ _ _ _ *

DIOXIN TIER: REG FLD1: REG FLD2: 1 * _ _ _ _ _ *

RESP TERM: PENDING () NO FURTHER ACTION () * PENDING () NO FURTHER ACTION () *

ENF DISP: NO VIABLE RESP PARTY () VOLUNTARY RESPONSE () * _ _ _ _ _ *

ENFORCED RESPONSE () COST RECOVERY () * _ _ _ _ _ *

SITE DESCRIPTION:

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

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PAGE: 549
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M.2 - PROGRAM MAINTENANCE FORM

SITE: HERCULES OXFORD PLANT

EPA ID: GAD098583909 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

* ACTION: _

* _ *

* _ *

* _ *

* _ *

* _ *

* _ *

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PAGE: 550
RUN DATE: 85/09/23
RUN TIME: 09:49:26

M.2 - EVENT MAINTENANCE FORM

* ACTION: _

SITE: HERCULES OXFORD PLANT
PROGRAM: SITE EVALUATION

EPA ID: GAD098583909 PROGRAM CODE: H01 EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER: EVENT LEAD: E

EVENT NAME: DISCOVERY STATUS:

DESCRIPTION:

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

* _ _ _ _ _ *

ORIGINAL

CURRENT

ACTUAL

START: START: START:
COMP : COMP : COMP : 80/08/01

* _/_/_ _/_/_ _/_/_ *

* _/_/_ _/_/_ _/_/_ *

HQ COMMENT:

* _ _ _ _ _ *

RG COMMENT:

* _ _ _ _ _ *

COOP AGR # AMENDMENT # STATUS STATE %

* _ _ _ _ _ *

**U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L A**

PAGE: 551
RUN DATE: 85/09/23
RUN TIME: 09:49:26

* ACTION: _

DESCRIPTION:

ACTUAL

COMP : COMP : COMP : 85/09/17

RG COMMENT:

| COOP AGR # | AMENDMENT # | STATUS | STATE % |
|------------|-------------|--------|---------|
|------------|-------------|--------|---------|

[illegible]

REGION: 04
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U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L A

PAGE: 552
RUN DATE: 85/09/23
RUN TIME: 09:49:26

M.2 - COMMENT MAINTENANCE FORM

SITE: HERCULES OXFORD PLANT

EPA ID: GAD098583909

COM
NO COMMENT

001 PART A- ON FILE

ACTION

* - _____ *

* _____ *

HERCULES-OXFORD PLANT
GAD098583909
PRELIMINARY ASSESSMENT COVER SHEET

This facility is a Treatment/Storage/Disposal (TSD) facility that is regulated by the Georgia Environmental Protection Division under the authority of the Georgia Hazardous Waste Management Act (GHWMA). This facility presently has either Interim Status (Part A on file) or has a Hazardous Waste Facility Permit (Part B is complete). Any releases of hazardous wastes at this facility are regulated as a "prior release" under GHWMA and all corrective actions will be negotiated through the Part B Permit review process. This site is therefore assessed a "NONE" priority for a Site Inspection. No further investigations are recommended with respect to the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA).

PMA/mcw008



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
GA D098583909

II. SITE NAME AND LOCATION

| | | | | | |
|---|----------------|--|---------------------|-----------------------|-------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site) Hercules-Oxford Plant | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER P. O. Box 8 | | | |
| 03 CITY Oxford (Covington) | 04 STATE GA | 05 ZIP CODE 30267 | 06 COUNTY Newton | 07 COUNTY CODE 217 | 08 CONG DIST 4 |
| 09 COORDINATES LATITUDE 33 37 00 | | LONGITUDE 083 51 30 | | | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) From Atlanta, take I-20 to Exit 45A (Alcovy Rd.). Make right, go about 1/4 mile. See plant on right. | | | | | |

III. RESPONSIBLE PARTIES

| | | | | | |
|--|----------------|--|---------------------------------------|--|--|
| 01 OWNER (If known) Hercules, Inc. | | 02 STREET (Business, mailing, residential) Alcovy | | | |
| 03 CITY Oxford | 04 STATE GA | 05 ZIP CODE 30267 | 06 TELEPHONE NUMBER (404) 786-7011 | | |
| 07 OPERATOR (If known and different from owner) Same | | 08 STREET (Business, mailing, residential) | | | |
| 09 CITY | 10 STATE | 11 ZIP CODE | 12 TELEPHONE NUMBER () | | |
| 13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 11/11/80 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE | | | | | |

IV. CHARACTERIZATION OF POTENTIAL HAZARD

| | | | | | |
|---|--|--|--|--|--|
| 01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 5/26/83 MONTH DAY YEAR <input type="checkbox"/> NO | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____ | | | |
| 02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN | | | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED waste methylene chloride-cleaning solvent-flammable liquid (F002) waste xylene-accumulated from use in laboratory as solvent (F003) waste isopropanol and water used as an extracting solvent in lab (D001) | | | | | |

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Facility is regulated under Georgia Hazardous Waste Management Act.

V. PRIORITY ASSESSMENT

| | | | |
|--|--|--|--|
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | |
|--|--|--|--|

VI. INFORMATION AVAILABLE FROM

| | | | | | |
|--|--|---|----------------------------|---------------------------------------|-----------------------------------|
| 01 CONTACT W. B. Henderson | | 02 OF (Agency/Organization) Hercules, Inc. | | 03 TELEPHONE NUMBER (404) 786-7011 | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT Behrooz Khaleghi PMJ | | 05 AGENCY DNR | 06 ORGANIZATION EPD-FCU | 07 TELEPHONE NUMBER (404) 656-7802 | 08 DATE 6/27/85 MONTH DAY YEAR |

J. H. Moore

[illegible]

EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
GA D098583909

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
GA D098583909

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

FOR OFFICIAL USE ONLY
APPLICATION DATE RECEIVED
APPROVED
COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)
☐ 2. NEW FACILITY (Complete item below.)
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete item I above)
☐ 1. FACILITY HAS INTERIM STATUS
☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|--------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | 001 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | 002 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | 003 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | 004 | GALLONS OR LITERS | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | | | |
| JECTION WELL | 079 | GALLONS OR LITERS | | | |
| IOFILL | 080 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | 081 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | 082 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | 083 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS..... | G | LITERS PER DAY..... | V | ACRE-FEET..... | A |
| LITERS..... | L | TONS PER HOUR..... | D | HECTARE-METER..... | F |
| CUBIC YARDS..... | Y | METRIC TONS PER HOUR..... | W | ACRES..... | S |
| CUBIC METERS..... | C | GALLONS PER HOUR..... | E | HECTARES..... | H |
| GALLONS PER DAY..... | U | LITERS PER HOUR..... | N | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

| LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PROCESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|-----------------------------------|---------------------------------|-----------------------|-------------|-----------------------------------|---------------------------------|-----------------------|
| | | 1. AMOUNT (specify) | | | | 1. AMOUNT | |
| | | 2. UNIT OF MEASURE (enter code) | | | | 2. UNIT OF MEASURE (enter code) | |
| X-1 | S 0 2 | 600 | G | 5 | | | |
| X-2 | T 0 3 | 20 | E | 6 | | | |
| 1 | S 0 1 | 2200 | G | 7 | | | |
| | | | | 8 | | | |
| | | | | 9 | | | |
| | | | | 10 | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OF IN DESCRIBING OTHER PROCESSES (CODE 100). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE |
|-------------------------|------|
| POUNDS..... | P |
| TONS..... | T |

| METRIC UNIT OF MEASURE | CODE |
|------------------------|------|
| KILOGRAMS..... | K |
| METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARDOUS WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | |
|----------|--|---------------------------------------|------------------------------------|-----------------------------|-------|--|--|--|
| | | | | 1. PROCESS CODES (enter) | | | 2. PROCESS DESCRIPTION (If a code is not entered in D(1)) | |
| X-1 | K 0 5 4 | 900 | P | T 0 3 | D 8 0 | | | |
| | D 0 0 2 | 400 | P | T 0 3 | D 8 0 | | | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 | D 8 0 | | | |
| X-4 | D 0 0 2 | | | | | | Included with above | |

| | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|
| EPA ID NUMBER (enter from page 1) | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | |
| W C A D 0 9 8 5 8 3 9 0 9 1 | | | | | | | | | | W DUP | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| 12 | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | |
|----|---------------------------------------|----|----|----|---------------------------------------|---------------------------------|--------------------------|----|----|----|----|----|----|----|---|--|--|--|
| | 25 | 26 | 27 | 28 | | | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | |
| | | | | | | | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | | | | |
| 1 | F | D | 0 | 2 | 6000 | P | S | 0 | 1 | | | | | | | | | |
| 2 | U | 0 | 0 | 2 | 1700 | P | S | 0 | 1 | | | | | | | | | |
| 3 | U | 0 | 8 | 0 | 110 | P | S | 0 | 1 | | | | | | | | | |
| 4 | U | 1 | 5 | 4 | 130 | P | S | 0 | 1 | | | | | | | | | |
| 5 | U | 2 | 1 | 1 | 130 | P | S | 0 | 1 | | | | | | | | | |
| 6 | U | 2 | 3 | 9 | 1600 | P | S | 0 | 1 | | | | | | | | | |
| 7 | D | 0 | 0 | 1 | 3400 | P | S | 0 | 1 | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | |
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| 25 | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | |

V. FACILITY DRAW

IG (see page 4)

